

**REQUEST FOR OFFICIAL TRAVEL
OR
LOCAL TRAVEL**

(SATO Travel #: 215-925-1478 - 1-800-827-7777)

TYPE OF TRAVEL: Local (UNDER* 50 miles) _____ (OVER** 50 miles) X

TRAVELER Dominic Ventura **DATE:** Begin _____ End _____

TA # _____ Leave date(s) if applicable _____

LOCATION(s) Charleston and Huntington, WV

PURPOSE (check one)

| | | | | | |
|----------------------|-------------------------------------|-----------------------------|--------------------------|---------------------------|--------------------------|
| Site Visit - 0 | <input checked="" type="checkbox"/> | Superfund Site Specific - 1 | <input type="checkbox"/> | Informational Meeting - 2 | <input type="checkbox"/> |
| Training Travel - 3 | <input type="checkbox"/> | Speech or Presentation - 4 | <input type="checkbox"/> | Conference Travel - 5 | <input type="checkbox"/> |
| Entitlement - 6 | <input type="checkbox"/> | Special Mission Travel - 7 | <input type="checkbox"/> | Emergency Travel - 8 | <input type="checkbox"/> |
| Other Travel - 9 | <input type="checkbox"/> | Enfrmnt RLD Trav-NOSF - | <input type="checkbox"/> | FED ADV COM Act(FACA) - F | <input type="checkbox"/> |
| RCRA Site Travel - R | <input type="checkbox"/> | Site Related Travel - S | <input type="checkbox"/> | Taxable Extended Duty - T | <input type="checkbox"/> |

If training selected: Receiving Training _____ or Giving Training _____
(Specify in description if giving Training)

DESCRIPTION: Ammednment to previously submitted request to extend stay. Coverage at Charleston Chemical Leak. Will be lodging in Huntington, WV until 1/15/14 and then Charleston, WV the remainder.

ACCOUNT CODE:

Fixed Account Code(s): Yes _____ No _____

Superfund Site Specific:

| | | |
|-------------|--------------------------|---------|
| Date: _____ | Site Name/Account: _____ | % _____ |
| Date: _____ | Site Name/Account: _____ | % _____ |
| Date: _____ | Site Name/Account: _____ | % _____ |

Other: HQ or outside Region 3 _____ (Print form and fax for approval and account code(s))

If within Region 3 but another branch: Account Code: _____

Approval obtained and from whom: _____

(Typed the above information in the Comment field of TA.)

TRANSPORTATION:

GSA X Train _____ Air _____ POV _____ Rental Car _____ \$ _____

Depart _____ Arrive _____ Return Time _____ Arrive Time _____

Justification for POV or Rental Car: _____

LODGING: Yes X No _____ Per Diem _____

Hotel Name and Location _____

Conf. # _____

Higher lodging required: Yes _____ No X Rate: _____

Justification for Higher Lodging: Lodging not available at government rate. _____

Lodging includes meal(s) Yes _____ No _____ (Add to comment field on TA)

If yes, list meals provided and date(s): _____

EXPENSES: Check expenses you may incur during travel:

NOTE: If expense is **not** incurred on travel it can be **deleted from voucher.**

Estimated Cost

Actual Expense (complete on return from travel)

| | | | |
|--|-------|-------|---|
| ATM Fee (1.90%) | _____ | _____ | (Include ATM machine fee if applicable) |
| Currency Conversion Fee | _____ | _____ | |
| Excess Baggage | _____ | _____ | |
| FAX Service | _____ | _____ | |
| Ferry | _____ | _____ | |
| Gas- rental car/Govt. Veh. | _____ | _____ | |
| Highway/Bridge Tolls | _____ | _____ | |
| Hotel Tax | _____ | _____ | (Includes all taxes) |
| Laundry (CONUS ONLY) | _____ | _____ | |
| Parking | _____ | _____ | |
| Phone Call Business | _____ | _____ | Allocation to: |
| Phone Call Home | _____ | _____ | VISA (BOA) _____ |
| Photocopying Charges | _____ | _____ | Traveler's Bank _____ |
| POV-Gov't vehicle <u>NOT</u> used (\$.105 per mile) | _____ | _____ | |
| Private Vehicle (\$.360 per mile) | _____ | _____ | |
| Public Transit | _____ | _____ | |
| Registration Fee - 2560 (Admin) | _____ | _____ | |
| Registration Fee - 2561 | _____ | _____ | |
| Rental Car | _____ | _____ | |
| Supplies | _____ | _____ | |
| TMC (Air/Rail) (SATO Fee) | 28.50 | _____ | |
| TMC (Hotel/Rental Car) (SATO Fee) | 8.00 | _____ | |
| Other Expense: _____ | _____ | _____ | |

Please remember to retain receipts for: Common carrier expense, Lodging expenses, Rental car, any expense over \$75.00 for possible audits the 15th of each month.

Superfund Site Specific travelers must submit their receipts and Timesheet attached to a Transmittal sheet to the Financial Office before their vouchers will be processed for payment.

Telephone number where you can be reached: 215-756-7977 _____

Definition of **LOCAL TRAVEL** is travel within approximately a 50 mile radius of the official duty station.

A traveler may file for reimbursement for the use of public transportation, tolls, business phone calls, or mileage allowance for the use of a POV approved as being advantageous to the Government. A **Claim for Reimbursement can be filed if a traveler is claiming any of these expenses.** A TA does not need to be completed in TM+.

A TA is to be completed in TM+ when any of the following conditions exist:

The distance traveled **exceeds 50** miles from the permanent duty station, e.g. Philadelphia;
The traveler is entitled to lodging if the trip is greater than one day, and meals if the trip is more than 12 hours in duration; Common carrier transportation issued, Rental Car is authorized, or for Registration Fee.

IF NO TA IS NEEDED, SECTION CHIEF APPROVAL IS REQUIRED

Signature _____

Date: _____